

**REZONING APPLICATION FOR THE CITY OF LEEDS, ALABAMA**  
**DEPARTMENT OF INSPECTION SERVICES- ZONING DIVISION**  
1040 PARK DRIVE, LEEDS, AL 35094 P.205.699.2585 F. 205.699.6558  
[INSPECTIONS@LEEDSALABAMA.GOV](mailto:INSPECTIONS@LEEDSALABAMA.GOV) \* leedsalabama.gov

<b>Part 1. Application</b>	
Name of Applicant:	
Mailing Address:	
Telephone:	E-mail:
Signature:	
Date Application Filed:	Requested Hearing Date:

<b>Part 2. Parcel Data</b>		
Owner of Record:		
Owner Mailing Address:		
Site Address:		
Tax Parcel ID #	Existing Zoning:	Proposed Zoning:
Telephone:	E-Mail:	
Signature of Authorization by Owner:		

<b>Part 3. Request</b>
Reason for Request:
Proffer of rezoning conditions (if any)

<b>Part 4 Enclosures (Check all required enclosures with this application)</b>
<input type="radio"/> Application Fee
<input type="radio"/> Reason for Request
<input type="radio"/> Legal Description of the subject Property
<input type="radio"/> Vicinity Map
<input type="radio"/> Availability of Required Utilities
<input type="radio"/> Public Hearing Notices
<input type="radio"/> Site Plan
<input type="radio"/> Proffer of rezoning conditions (if any)

<b>NOTICE: The completed application and all required attachments must be filed at least 30 (thirty) days prior to the Leeds Zoning Board of Adjustments Public Hearing. A representative must be present at the hearing.</b>
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<b>FOR OFFICE USE ONLY</b>	
Application Number:	Date Received:
Received by:	Scheduled Public Hearing Date: